

Tracts 1755.

INTESTINAL OBSTRUCTION. (1)

WHEN SHOULD OPERATIVE MEASURES BE RESORTED TO
IN INTESTINAL OBSTRUCTION?

BEING A PART OF THE DISCUSSION ON INTESTINAL OBSTRUCTION AT THE
MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK,
FEBRUARY, 1888.

By ALBERT VANDER VEER, A. M., M. D., ALBANY, N. Y.

PROFESSOR OF SURGERY IN THE ALBANY MEDICAL COLLEGE, FELLOW OF THE BRITISH
GYNECOLOGICAL SOCIETY, ATTENDING PHYSICIAN ALBANY HOSPITAL.

Mr. President: Your kind invitation has assigned to me what I believe to be the most difficult part of this discussion. "When shall the medical treatment of cases of intestinal obstruction cease and the surgical treatment begin," is by no means an easy question to answer.

Dr. Wey has given us the history of some exceedingly interesting cases, as well as have the other speakers who have preceded me, in which it seemed at one time as though surgical interference would be absolutely necessary, and yet, the patients did recover under medical treatment; but I think every surgeon is able to present another side of the question. For instance, take the case of a young man, 26 years of age, who has the symptoms of intestinal obstruction for the period of three days, at the end of which time he dies in great suffering after every medical means known for his relief have been exhausted, and the autopsy reveals a slit in the mesentery, which could have been reached and relieved by abdominal section. Another case, that of Mrs. B., aged 46, who gives evidence of constipation, which finally ends in intestinal obstruction; a struggle for two weeks being made by her medical attendant to relieve the bowels. The autopsy revealed stric-

ture from malignant disease at sigmoid flexure ; and abdominal section in this case would have relieved the patient from much of the suffering, and would have prolonged her life, with proper additional operation.

These two cases represent but a class of what I consider belong to the acute and chronic cases of intestinal obstruction.

Of the conditions that produce the acute form of intestinal obstruction, I look upon the following as forming a group which bring with them such well marked symptoms as to command immediate and prompt attention, and which I honestly believe are seldom relieved by any medical treatment ; of the whole number, perhaps, intussusception is the only one in which nature has been able to hold out and with the aid of the physician relieve the patient : volvulus, intussusception, diverticula, including Meckel's and appendix vermiformis, neck of returned hernial sac, lymph bands, false peritoneal ligament, slits in the omentum and mesentery, adhesion bands after abdominal section, peritonitis (general or local), foreign bodies swallowed, intestinal calculi, biliary calculi, true hernia within the abdomen and gunshot wounds in the intestines.

The following are conditions which I believe produce a more chronic form and give the medical attendants a better chance for a correct diagnosis : neoplasms either external to the bowel or within the lumen, dysentery, typhoid fever, tuberculosis, impacted fæces, syphilitic gummata and matting together of adhesions.

It must be evident to us all that the general practitioner can no longer look upon an autopsy revealing the cause of obstruction and quiet his own thoughts, as well as the inquiries of friends, by saying : " Well, nothing more could have been done than the medical treatment adopted, had we been aware, as we are now, of the true condition of affairs."

It becomes the duty of every man, at the present time in general practice, to acquaint himself with all that pertains to the causes and symptoms of intestinal obstruction. A careful study of this subject convinces me that the physicians and surgeons should in the treatment of these cases join hands early. The early diagnosis of these cases, which in many, and I may

say, in the most of the cases, must be made by the general practitioner; the early and correct diagnosis becomes the first step in treatment.

Dr. Wey in a very clear, concise and able manner has given us the medical treatment of these cases. Thus far, except in a very few advanced works in surgery, and fewer still of special works, the treatment of these cases is yet left to the skill of the attending physician. I am strongly of the belief that the surgical treatment of these cases must command more study and attention from the older practitioners, that the surgeon may be brought into the case sufficiently early to render the surgical aid that is now possible.

In intestinal obstruction the causes group themselves, but not always in a clear manner. Causes that originate within the calibre of the bowel, and which have been referred to by Dr. Stimson, are capable of a certain line of treatment, but it is limited; causes from without, as traumatisms, must surely have early recognition and attention.

When we consider how little is said, as yet, on this subject of intestinal obstruction, in our text-books, we are justified in the statement that it early becomes the duty of the practitioner to call in his surgical friend in a case of suspected obstruction.

They are always anxious cases. They fall to all alike. They come to us at all times, not regarding age; in the little one, in youth, in manhood and womanhood, in the middle age, when the patient can hardly be spared from the home circle, and in advanced age, when to keep our loved ones with us seems but a part of our own existence.

Too frequently there is little, if any warning. The record in the past has been that very few have recovered under any form of medical treatment. While the symptoms may not enable us to locate exactly the point of lesion nor the precise point of trouble, yet in a general way they tell us of a condition that in the past, under the opium and hopeful treatment, has seldom resulted in anything but death. I would say, then, that when an early diagnosis has been reached, when a careful and well-conducted consultation has been held, and a judicious and cautious but thorough medical treatment has been tried,

we should then consider intelligently and resolutely the chances of an operation.

These cases should not be left until symptoms of shock have become too pronounced, or until a condition of actual collapse is present. But we are often obliged to wait until the borderland is crossed, and we are well on, it may be, into the dangerous ground of heart-failure and allied conditions before the patient or friends will grant consent to surgical interference.

We need now to have successful cases to teach the public the possibilities of what surgery can do in these heretofore fatal cases.

As regards abdominal section and surgical treatment, a few brilliant results have been placed on record sufficient to teach us much from which we can gain great knowledge by careful study. From a study of these cases the surgeon has already learned that operations upon the organs within the abdomen must constitute in the future a part of his professional work; and that it becomes necessary for him to be prepared at any moment to render assistance in these cases. I desire to state most emphatically that this assistance must be rendered early. I consider that when a patient has met with sudden intestinal obstruction he occupies a position analagous to a shock of the vital system produced by a severe traumatism.

Whatever our other engagements may be, they should yield in favor of the attention required by these patients. The work in their behalf must be done willingly and with the greatest of surgical skill. There must be, when once the case has been decided proper for operation, no procrastination.